

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 20%;"> <small>SERIAL NO.</small> <div style="font-size: 1.5em; font-family: cursive;">09/677502</div> </div> <div style="width: 40%;"> <small>FILING DATE</small> </div> </div>													
<small>APPLICANT(S)</small>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		1					52						
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50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		1					TOTAL DEP.						
TOTAL CLAIMS	1	1					TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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